

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Ms REINETTE ALECOZAY

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$3095.45

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$2437.26

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$0

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms REINETTE ALECOZAY, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/12/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

BILLIE ZIMMERMAN

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4018 SKYLARK
SAN ANTONIO, TX 78210

9 Principal occupation / Job title (See Instructions)

REALTOR

10 Employer (See Instructions)

SELF-EMPLOYED

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARGIE VASQUEZ CPA

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2539 GOLIAD RD
SAN ANTONIO, TX 78223

Principal occupation / Job title (See Instructions)

CERTIFIED PUBLIC ACCOUNTANT

Employer (See Instructions)

SELF-EMPLOYED

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SUSAN ALECOZAY

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5026 EL CAPITAN
SAN ANTONIO, TX 78233

Principal occupation / Job title (See Instructions)

RN/BSN ACCP

Employer (See Instructions)

ST PHILLIPS

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SARAH ALECOZAY

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5026 EL CAPITAN
SAN ANTONIO, TX 78233

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

N/A

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ISABEL ALEFSEN

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4938 IRMA
SAN ANTONIO, TX 78237

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JO ANN ALMENDARIZ

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

22 ROYAL GARDENS
SAN ANTONIO, TX 78237

9 Principal occupation / Job title (See Instructions)

HOUSEWIFE

10 Employer (See Instructions)

N/A

Date

2/24/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MALLORY MILLER JR

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10519 TIOGA
SAN ANTONIO, TX 78230-2429

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/24/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

JO ANN ALMENDARIZ

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

22 ROYAL GARDEN
SAN ANTONIO, TX 78248

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

3/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

GENE RYDER PHD

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1502 COPPERFIELD
SAN ANTONIO, TX 78251

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ERASMO ALAVARDO

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1908 FITCH
SAN ANTONIO, TX 78211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
3 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

BEATRICE ANGIANO

6 Contributor address; City; State; Zip Code

103 NORTHAVEN
SAN ANTONIO, TX 78229

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
OFFICE ADMINISTRATOR

10 Employer (See Instructions)
AVANIGO

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARY BEREK

Contributor address; City; State; Zip Code

2803 FREDERICKSBURG , Apt/Suite: 2103
SAN ANTONIO, TX 78201

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CELIA BOTELLO

Contributor address; City; State; Zip Code

1827 CANDLELIGHT
SAN ANTONIO, TX 78213

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
SECRETARY

Employer (See Instructions)
RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

LINDA BYERLY

Contributor address; City; State; Zip Code

1185 RIGHT FORK
BULVERDE, TX 78163

Amount of
contribution (\$)
60.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
CONTRACT NEGOT

Employer (See Instructions)
RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

PATRICK CAVANAUGH

Contributor address; City; State; Zip Code

11614 ROUSSEAU
SAN ANTONIO, TX 78251

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Ms REINETTE ALECOZAY

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SARAH DAVIDSON

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4620 THOUSAND OAKS
SAN ANTONIO, TX 78233

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DAVID DAVIS

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10302 OPEN G TRIAL
HELOTES, TX 78023

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DAVIS TREE LNDSCP

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SHARON DENNY

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13123 INDEPENDENCE AVE
SAN ANTONIO, TX 78233

Principal occupation / Job title (See Instructions)

UNEMPLOYED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARGARET ESPINOZA

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6038 BUENA VISTA
SAN ANTONIO, TX 78237

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

AMANDO ESTRADA

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

219 INSPIRATION
SAN ANTONIO, TX 78228

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

LAUREL RIDGE TRMT CNTR

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

CAROL FEREDAY

6 Contributor address; City; State; Zip Code

3330 NORTHERN HTS
CIBOLO, TX 78108

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
SECRETARY

10 Employer (See Instructions)
RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MICHAEL FERGUSON

Contributor address; City; State; Zip Code

125 ODELL
SAN ANTONIO, TX 78212

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
GEOLOGIST

Employer (See Instructions)
STC ENVIRONMENTAL SVC

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ELIZABETH FERGUSON

Contributor address; City; State; Zip Code

125 ODELL
SAN ANTONIO, TX 78212

Amount of
contribution (\$)
40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
HOUSEWIFE

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

OSCAR FLORES

Contributor address; City; State; Zip Code

2423 INGLESIDE
SAN ANTONIO, TX 78213

Amount of
contribution (\$)
40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
AC MECHANIC

Employer (See Instructions)
ROSEMARK

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHARLES FLOWERS

Contributor address; City; State; Zip Code

143 HOLY CROSS
SAN ANTONIO, TX 78228

Amount of
contribution (\$)
90.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
PASTOR

Employer (See Instructions)
FAITH OUTREACH

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JANET GARCIA

6 Contributor address; City; State; Zip Code

155 CASTROVILLE
SAN ANTONIO, TX 78207

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

ELIGIBILITY ANALYST

10 Employer (See Instructions)

FCE BENEFIT

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARTIN GARCIA

Contributor address; City; State; Zip Code

PO Box 18481
SAN ANTONIO, TX 78218

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

CONTROLLER

Employer (See Instructions)

THE ROSE SHOP INC

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DEWEY GARDNER

Contributor address; City; State; Zip Code

10238 SANDY GLEN
SAN ANTONIO, TX 78240

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

RICARDO GUEVARA

Contributor address; City; State; Zip Code

155 CASTROVILLE
SAN ANTONIO, TX 78207

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ORTHO TECH

Employer (See Instructions)

SW METH HLTHCARE

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ANGIE GUEVARA

Contributor address; City; State; Zip Code

155 CASTROVILLE
SAN ANTONIO, TX 78207

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

DENTAL ASST

Employer (See Instructions)

DR LOCKE DDS

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JACOB HERRERA

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8311 ROCHELLE
SAN ANTONIO, TX 78240

9 Principal occupation / Job title (See Instructions)

FOREMAN

10 Employer (See Instructions)

NATIONAL LAWN CARE

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

LANI HOLDT

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5011 GLEN RIDGE, Apt/Suite: M16
SAN ANTONIO, TX 78229

Principal occupation / Job title (See Instructions)

MUSICIAN/SINGER

Employer (See Instructions)

SELF-EMPLOYED

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MABEL HOLLINGSWORTH

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6706 GREENCASTEL
SAN ANTONIO, TX 78212

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MABEL HOLLINGSWORTH

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6706 GREENCASTEL
SAN ANTONIO, TX 78212

Principal occupation / Job title (See Instructions)

SINGER/MUSICIAN

Employer (See Instructions)

SELF-EMPLOYED

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

KENNY JOHNSON

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1243 JOHNSTON
SAN ANTONIO, TX 78253

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

LACKLAND AFB

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 8 of 16	
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/22/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VARRIA KENDRICKS 6 Contributor address; City; State; Zip Code PO Box 493 HUNT, TX 78024	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SOCIAL WRKER		10 Employer (See Instructions) LA HACIENDA TRTMT	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRUCE LANDIS Contributor address; City; State; Zip Code 126 TRUELL SAN ANTONIO, TX 78213	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) ALAMO BRAND COMPUTER	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOE MARIN Contributor address; City; State; Zip Code 27147 GRANDIOSO SAN ANTONIO, TX 78258	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) FAITH OUTREACH	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEBROAH MCCLEARY Contributor address; City; State; Zip Code 5202 KEYSTONE SAN ANTONIO, TX 78229	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) TUTOR		Employer (See Instructions) SELF-EMPLOYED	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATRICIA MCFADDEN Contributor address; City; State; Zip Code 2203 GREENCREST SAN ANTONIO, TX 78213	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SECRETARY		Employer (See Instructions) RANDOLPH AFB	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DOROTHY MEDINA

6 Contributor address; City; State; Zip Code

9603 GOLD DUST
SAN ANTONIO, TX 78245

7 Amount of contribution (\$)

60.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

HOUSEWIFE

10 Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARGIE MEDINA

Contributor address; City; State; Zip Code

1406 WAVERLY
SAN ANTONIO, TX 78228

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

RUBEN MENDOZA

Contributor address; City; State; Zip Code

111 BAYWELL
SAN ANTONIO, TX 78227

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

PASTOR

Employer (See Instructions)

IGLESIA CRISTIAN JEHOVA JIREH

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DORA MENDOZA

Contributor address; City; State; Zip Code

111 BAYWELL
SAN ANTONIO, TX 78227

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

BEVERLY MIELKE

Contributor address; City; State; Zip Code

89 ROBERT STEVENS
SCHERTZ, TX 78154

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

DIRECTOR BUS OP

Employer (See Instructions)

RANDOLPH AFB

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DIANA PALAYO

6 Contributor address; City; State; Zip Code

218 LADDIE PLACE
SAN ANTONIO, TX 78201

7 Amount of
contribution (\$)
20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
HOUSEWIFE

10 Employer (See Instructions)

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

KATHY PATTERSON

Contributor address; City; State; Zip Code

6219 BELLWOOD
SAN ANTONIO, TX 78249

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
TEACHER

Employer (See Instructions)
FAITH OUTREACH

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MICHAEL PLUNKETT

Contributor address; City; State; Zip Code

5154 SPRING WATCH
SAN ANTONIO, TX 78247

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
CONTRACT NEG

Employer (See Instructions)
RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHERYL RAMSEY

Contributor address; City; State; Zip Code

5900 WURZBACH, Apt/Suite: 803
SAN ANTONIO, TX 78238

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
TITLE CLERK

Employer (See Instructions)
GILLESPIE FORD

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

FRANCES RODRIGUEZ

Contributor address; City; State; Zip Code

4814 NEWCOME
SAN ANTONIO, TX 78229

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11 of 16	
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/22/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIO RODRIGUEZ 6 Contributor address; City; State; Zip Code 4318 STEPHAIN SAN ANTONIO, TX 78237	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SALES		10 Employer (See Instructions) INTERTEX ELECTRONICS	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PABLO ROSALEZ Contributor address; City; State; Zip Code 822 TEXAS SAN ANTONIO, TX 78201	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HAIR STYLIST		Employer (See Instructions) HOUSE OF STYLE	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANNY RUIZ Contributor address; City; State; Zip Code 433 QUENTIN SAN ANTONIO, TX 78201	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CAFETERIA WKR		Employer (See Instructions) ALAMO HEIGHTS JR HIGH	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANDREW RUTKOWSKI Contributor address; City; State; Zip Code 2839 MONTROSE SAN ANTONIO, TX 78223	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CLERICAL		Employer (See Instructions) ACCD	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ESTHER RUTKOWSKI Contributor address; City; State; Zip Code 2839 MONTROSE SAN ANTONIO, TX 78223	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CNA		Employer (See Instructions) COMFORT KEEPER	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DOLLY SANCHEZ

6 Contributor address; City; State; Zip Code

4980 USAA BLVD
SAN ANTONIO, TX 78240

7 Amount of
contribution (\$)

40.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

FAMILY REPRSEN

10 Employer (See Instructions)

UTHSCSA

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

TERRI SCHWARTING

Contributor address; City; State; Zip Code

7425 OAK MARSH TREE
SAN ANTONIO, TX 78233

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

CONTRACT NEGOTIA

Employer (See Instructions)

RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

LARRY SERNA

Contributor address; City; State; Zip Code

310 E CRESTLINE
SAN ANTONIO, TX 78201

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

EVENT COORD

Employer (See Instructions)

FAITH OUTREACH

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CARLOS SILVA

Contributor address; City; State; Zip Code

5210 COLEBROOK
SAN ANTONIO, TX 78228

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

LABORER

Employer (See Instructions)

CPS

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARY LOU SULSAR

Contributor address; City; State; Zip Code

433 QUENTIN
SAN ANTONIO, TX 78201

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

13 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JESSE TAITANO

6 Contributor address; City; State; Zip Code

354 FUTURE
SAN ANTONIO, TX 78213

7 Amount of
contribution (\$)
20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

GEN CONTRACTOR

10 Employer (See Instructions)

SELF EMPLOYED

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SHIRLEY THOMPSON

Contributor address; City; State; Zip Code

8363 DAWNWOOD
SAN ANTONIO, TX 78250

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

EXEC DIRECTOR

Employer (See Instructions)

AGAPE PREP HELP CTR

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ROBERT VARGAS

Contributor address; City; State; Zip Code

13134 REGENCY BND
SAN ANTONIO, TX 78249

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PRICE ANALYST

Employer (See Instructions)

RANDOLPH AFB

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DOLORES VASQUEZ

Contributor address; City; State; Zip Code

2623 S WW WHITE
SAN ANTONIO, TX 78222

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

VICE-PRESIDENT

Employer (See Instructions)

FRANKS MOVING

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARGIE VASQUEZ CPA

Contributor address; City; State; Zip Code

2539 GOLIAD RD
SAN ANTONIO, TX 78223

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

SELF EMPLOYED

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

14 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

CHERYL WASHINGTON

6 Contributor address; City; State; Zip Code

3901 ARROYA SECO
SCHERTZ, TX 78154

7 Amount of
contribution (\$)

40.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

EDUCATOR/CEO

10 Employer (See Instructions)

SHEKINAH LEARNING INST

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DOROTHY WENTWORTH

Contributor address; City; State; Zip Code

17003 TALON PATH
SAN ANTONIO, TX 78247

Amount of
contribution (\$)

40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

DOCUMENT PREP

Employer (See Instructions)

DTSI

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DONALD WILLIAMS

Contributor address; City; State; Zip Code

7235 CABIN CREEK
SAN ANTONIO, TX 78238

Amount of
contribution (\$)

40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

CLERK

Employer (See Instructions)

COX MFG

Date

3/26/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SHARON COOPER

Contributor address; City; State; Zip Code

8742 WICKERSHAM
SAN ANTONIO, TX 78254

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

CONTRACT NEG

Employer (See Instructions)

LACKLAND AFB

Date

3/26/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ELMER CROSSON

Contributor address; City; State; Zip Code

15514 GERONIMO LOOP
SAN ANTONIO, TX 78254

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

15 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/26/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

ESTHER GARCIA

6 Contributor address; City; State; Zip Code

5610 MERKENS DR
SAN ANTONIO, TX 78240

7 Amount of
contribution (\$)
20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

3/26/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

RUBEN MENDOZA

Contributor address; City; State; Zip Code

111 BAYWELL
SAN ANTONIO, TX 78227

Amount of
contribution (\$)
40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PASTOR

Employer (See Instructions)

SELF

Date

3/26/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

RICHARD TUSETH

Contributor address; City; State; Zip Code

1200 COLUMBUS
HOUSTON, TX 77019

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PILOT

Employer (See Instructions)

CONTINENTAL AIRLINES

Date

3/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

SUSAN MARBURGER

Contributor address; City; State; Zip Code

12422 AUTUMN VISTA
SAN ANTONIO, TX 78249-2408

Amount of
contribution (\$)
40.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

3/12/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

PATRICK CAVANAUGH

Contributor address; City; State; Zip Code

11614 ROUSSEAU
SAN ANTONIO, TX 78251

Amount of
contribution (\$)
10.45

In-kind contribution
description (if applicable)

PURCHASED CLIP
BOARDS SEE WALMART
RECEIPT

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

16 of 16

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

ISOBEL PLATZ

6 Contributor address; City; State; Zip Code

16543 HUNTING GLEN
SAN ANTONIO, TX 78247

7 Amount of
contribution (\$)
20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
RETIRED

10 Employer (See Instructions)

Date

3/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

JEAN YATES

Contributor address; City; State; Zip Code

9707 FIVE FORKS
SAN ANTONIO, TX 78245

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
UNDERWRITER

Employer (See Instructions)
WORLD SAVING

Date

3/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ROSIE MONTANA

Contributor address; City; State; Zip Code

110 WESTHAVEN
SAN ANTONIO, TX 78227

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
HOUSEWIFE

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms REINETTE ALECOZAY

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages Schedule E:

1 of 1

2 FILER NAME

Ms REINETTE ALECOZAY

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms REINETTE ALECOZAY

4 Date

3/16/2005

5 Payee name

FIRSTMARK CREDIT UNION

7 Amount

(\$12.50)

6 Payee address; City; State; Zip CodePO Box 701650
SAN ANTONIO, TX 78270-1650**8** Purpose of payment (See instructions regarding type of information required.)

CHECK ORDER

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/25/2005

Payee name

REED EXPOSITIONS

Amount

(\$750.00)

Payee address; City; State; Zip Code

401 W COMMERCE
SAN ANTONIO, TX 78207-

Purpose of payment (See instructions regarding type of information required.)

BOOTH RENTAL FOR FUNDRAISER

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 4
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14/2005	5 Payee name UNITED STATES POSTAL SERVICE 6 Payee address; City; State; Zip Code 4835 MEDICAL DR SAN ANTONIO, TX 78229-9998 7 Purpose of expenditure (See instructions regarding type of information required.) LOBBY SERVICE	8 Amount (\$2.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/14/2005	Payee name UNITED STATES POSTAL SERVICE Payee address; City; State; Zip Code 4835 MEDICAL DR SAN ANTONIO, TX 78229-9998 Purpose of expenditure (See instructions regarding type of information required.) PO BOX FOR 6 MONTHS - \$19.00 LOBBY SERVICE - \$ 2.00	Amount (\$21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/7/2005	Payee name UNITED STATES POSTAL SERVICE Payee address; City; State; Zip Code 4835 MEDICAL DR SAN ANTONIO, TX 78229-9998 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE	Amount (\$97.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/27/2005	Payee name OFFICEMAX Payee address; City; State; Zip Code 5830 BANDERA RD SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLIES	Amount (\$9.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/15/2005	Payee name OFFICEMAX Payee address; City; State; Zip Code 5830 BANDERA RD SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLIES	Amount (\$12.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 4
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14/2005	5 Payee name OFFICEMAX 6 Payee address; City; State; Zip Code 5830 BANDERA RD SAN ANTONIO, TX 78238 7 Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLIES BUSINESS CARDS	8 Amount (\$34.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/22/2005	Payee name BADGEMAN Payee address; City; State; Zip Code 3201 CHERRY RIDGE SAN ANTONIO, TX 78230 Purpose of expenditure (See instructions regarding type of information required.) NAME BADGE	Amount (\$9.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/22/2005	Payee name FEDEX KINKO'S Payee address; City; State; Zip Code 3790 NW LOOP 410 SAN ANTONIO, TX 78229 Purpose of expenditure (See instructions regarding type of information required.) CANDIDATE LITERATURE	Amount (\$44.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/24/2005	Payee name SSA GRAPHICS Payee address; City; State; Zip Code 1145 GUADALUPE DR CIBOLO, TX 78108 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL SIGNS	Amount (\$405.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/25/2005	Payee name ELECTION SUPPORT SERVICES INC Payee address; City; State; Zip Code 5309 MCCULLOUGH SAN ANTONIO, TX 78212 Purpose of expenditure (See instructions regarding type of information required.) WALKLIST: DIST 7 - TARGETED PCTS	Amount (\$168.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3 of 4
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/19/2005	5 Payee name MARIA MEXICAN	8 Amount (\$) 311.81
	6 Payee address; City; State; Zip Code 1626 CINCINNATI SAN ANTONIO, TX 78201	
	7 Purpose of expenditure (See instructions regarding type of information required.) PAYMENT FOR FUNDRAISER	
	<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date 3/16/2005	Payee name MARIA MEXICAN	Amount (\$) 500.00
	Payee address; City; State; Zip Code 1626 CINCINNATI SAN ANTONIO, TX 78201	
	Purpose of expenditure (See instructions regarding type of information required.) DOWN PAYMENT FOR FUNDRAISER	
	<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date 2/26/2005	Payee name WALMART	Amount (\$) 6.83
	Payee address; City; State; Zip Code 5025 NW LOOP 410 SAN ANTONIO, TX 78230	
	Purpose of expenditure (See instructions regarding type of information required.) DISKETTES FOR CAMPAIGN	
	<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date 3/18/2005	Payee name WALMART	Amount (\$) 29.78
	Payee address; City; State; Zip Code 5025 NW LOOP 410 SAN ANTONIO, TX 78230	
	Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLIES FOR FUNDRAISER & FOOD FOR BLOCKWALKERS	
	<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date 3/22/2005	Payee name WALMART	Amount (\$) 19.76
	Payee address; City; State; Zip Code 5025 NW LOOP 410 SAN ANTONIO, TX 78230	
	Purpose of expenditure (See instructions regarding type of information required.) FOOD FOR BLOCKWALKER	
	<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: center;">4 of 4</div>
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)

4 Date 3/21/2005	5 Payee name FEDEX KINKOS <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 3740 NW LOOP 410, Apt/Suite: 78229 SAN ANTONIO, TX 78229 7 Purpose of expenditure (See instructions regarding type of information required.) CHECK COPIES FROM FUNDRAISER	8 Amount (\$) 0.62 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms REINETTE ALECOZAY

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Ms REINETTE ALECOZAY		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms REINETTE ALECOZAY

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Ms REINETTE ALECOZAY

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder